

and . . . a trivial abnormality of glucose tolerance." To quote only two papers: Kenny and Chute¹ tabulated the blood glucose levels of the newly discovered diabetics so that just such a distinction may be made. Walker and Kerridge² show the glucose-tolerance curves of all their diabetics, presumably for the same reason.—I am, etc.,

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A. J. KENNY.

REFERENCES

- ¹ Kenny, A. J., and Chute, A. L., *Diabetes*, 1953, 2, 187.
- ² Walker, J. B., and Kerridge, D., *Diabetes in an English Community*, 1961. Leicester University Press.

Treatment of Acute Osteomyelitis

SIR,—The enthusiasm engendered by the power of the antibiotics has tended to conceal the outstanding value of the contribution of surgery toward: (1) Relief of pain and (2) improvement in local blood supply—by decompression. (3) Enhancement of antibiotic action and (4) shortening of the period for recovery—by removal of avascular and necrotic tissue.

This action is true for all forms of osteitis from the earliest phase, and Mr. N. H. Harris (May 26, p. 1440) has rightly stressed that this is a "surgical" disease which should go directly under the care of a surgeon—preferably one of those pioneers of paediatric care, the orthopaedic surgeon, wherever he may have his beds. That the surgeon may care to share his responsibility with a physician if he feels the need and time is axiomatic—as is the desirability of accommodating a child in the children's ward.

I deprecate the letter from Dr. W. P. Sweetnam and Mr. J. H. Annan (June 16, p. 1693), which seems—with the aid of irrelevant quotation—to confuse the issue of treatment while ignoring the child lying in pain which would be relieved by early drilling of the metaphysis; division of responsibility in such acute cases is wrong indeed.

With regard to diagnosis, may I add that there are cases in my experience in which exudate (not pus) from the bone yielded a penicillin-resistant organism whereas the blood culture yielded penicillin-sensitive organisms. Here only surgery completed the diagnosis.—I am, etc.,

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R. LUNT.

Blood Groups and Heart Disease

SIR,—We were interested in the findings of Dr. B. Bronte-Stewart and colleagues, who indicate (June 16, p. 1646) that there is a significant association between ABO blood groups and ischaemic heart disease in certain racial groups in South Africa. They report a predominance of A+B over O in patients with myocardial infarction belonging to communities with a relatively low prevalence of ischaemic heart disease, while they found no significant deviation in ABO blood group distribution in patients with myocardial infarction from that of their controls in communities where ischaemic heart disease is prevalent, such as Afrikaans-speaking Whites and South African Jews.

It might therefore be of interest to report briefly our previously unpublished findings in the Edinburgh area, where ischaemic heart disease is prevalent and there is a racially homogeneous community. The ABO blood groups have been studied in 300 men with ischaemic heart disease. Between July 1 and May 28, 1954, 204 men were admitted consecutively to two units in this

hospital for acute myocardial infarction substantiated by Q or persistent T wave changes in the electrocardiogram, and 96 men were seen as out-patients on account of effort angina. The ABO blood group distribution in these men is compared in the following Table with that which obtains in healthy blood donors in this region.

	O	A	B	AB	Total
Men with acute myocardial infarct	101 (50%)	75 (37%)	21 (10%)	7 (3%)	204
Men with angina . . .	52 (54%)	37 (39%)	6 (6%)	1 (1%)	96
All men with ischaemic heart disease	153 (51%)	112 (37%)	27 (9%)	8 (3%)	300
Healthy blood donors in the Edinburgh area	2,506 (50%)	1,789 (36%)	575 (11%)	130 (3%)	5,000

Thus, in line with the observations of Dr. Bronte-Stewart and colleagues for communities with a high prevalence of ischaemic heart disease, no significant predominance of A+B over O and no deviation from the distribution in the control group is seen in our patients with myocardial infarction. We have made no observations in communities where ischaemic heart disease has a low prevalence. Blood was obtained soon after admission in case there was any difference in the immediate mortality rate according to the ABO blood group; 46 men died during the first four weeks in hospital and there was no difference in the mortality rate in the A+B group compared with O. In this series the distribution of ABO groups is similar in patients with angina as in those with myocardial infarction.—We are, etc.,

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R. A. CUMMING.

Staphylococci Resistant to Methicillin ("Celbenin")

SIR,—In the earlier period of clinical usage of methicillin ("celbenin") some experiments indicated that there were no strains of staphylococci resistant to it.^{1,2} Eventually further research in England proved that there might be some resistant strains.³ In Turkey, thus far, methicillin has not been used clinically. In spite of this, in our experiments three strains of *Staphylococcus pyogenes aureus* have been found resistant to this antibiotic.

One hundred and twenty-two *Staph. pyogenes aureus* strains, 80% of which were penicillin-resistant, were obtained from pus and were tested for their sensitivity to methicillin. Sensitivity tests were carried out by serial tube dilution and disk methods. In the disk method 0.4, 4, and 40 µg. of the antibiotic were saturated into the filter paper disks. In the experiments performed with the dilution technique methicillin was added to broth in a concentration ranging from 100 µg./ml. to 0.04 µg./ml. These media were inoculated by one drop of a 24-hour culture of the strains in broth. The cultures were incubated at 37° C. for 48 hours and then they were evaluated. Those which did not exhibit turbidity were inoculated into agar media in order to prove that there was a bactericidal action of the antibiotic.

One hundred and nineteen strains showed growth starting from 4 to 10 mm. around the disks which were saturated with 4 and 40 µg. methicillin. Three *Staph. pyogenes aureus* strains did not show any inhibition zone around the disks. It was concluded that these three strains were resistant to methicillin.

Further studies with the dilution technique showed that two of these three methicillin-resistant *Staph. pyogenes aureus* strains were sensitive to a concentration of 100, 50,

and 25 µg./ml. methicillin but resistant to 12.5 µg./ml. The other one was resistant even to 100 µg./ml.

Two of these strains were resistant to 40 units of penicillin with the dilution method. The third one was sensitive to the same concentration of penicillin.

These findings show that methicillin-resistant strains are not necessarily resistant to other penicillins, and that strains naturally resistant to methicillin can be found before the antibiotic is in clinical use.

For every newly discovered antibiotic there may be a few naturally resistant strains. However, the more antibiotic is used, the more resistant strains increase.⁴ For this reason methicillin should not be used liberally. It is wise to preserve this antibiotic as a weapon for those strains which are found to be resistant to other antibiotics.—I am, etc.,

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Ö ANG.

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- ¹ Branch, A., Rodger, K. C., Lee, R. W., and Power, E. E., *Canad. med. Ass. J.*, 1960, **83**, 991.
- ² Thompson, R. E. M., Harding, J. W., and Simon, R. D., *Brit. med. J.*, 1960, **2**, 708.
- ³ Jevons, M. P., *ibid.*, 1961, **1**, 124.
- ⁴ Çetin, E. T., *Türk. Bio. Derg.*, 1960, **10**, 49.

Oral Contraceptives

SIR,—In view of the letter on this subject by Drs. G. I. M. Swyer and G. B. Carruthers (May 19, p. 1418) I write to protest against the giving of hormones to normal healthy women with the sole object of preventing conception.

Our calling is to guard against illness through public health, hygiene, and preventive inoculations, and to treat established disease by appropriate remedies.

It is no business of a doctor to interfere with normal physiology, and indeed the ultimate results of such interference clearly cannot yet be known.

In the present state of our knowledge it is obviously quite ethical to use oestrogens and androgens for the control of prostatic and some breast cancers, but this is far removed from the giving of progestational steroids to normal and healthy women, when contraception, if it is desirable, can be effected by other means.

Surely we have no right to expose those who seek our advice to the risk of a drug-induced pathology, which in truth oral contraception is, for by a biochemical trick the normal rhythmic cycle of ovulation is disordered, and to what ultimate harm no one can tell.

The use of drugs in this way is a debasement of our vocation, a misapplication of our knowledge, and totally unworthy of a great profession.—I am, etc.,

Ipswich, Suffolk.

ARTHUR R. HILL.

Anaphylaxis and Cot Death

SIR,—Your readers will probably be aware that recent work has tended to suggest that sudden cot death in infants may be due to an anaphylactic reaction resulting from the action of droplets of inhaled cow's milk on the tracheas of infants who have developed antibodies to cow's milk protein.

Recently I saw the representative of a company marketing evaporated milk, who used as a selling point the claim that evaporated milk is not antigenic and therefore cannot cause sudden cot death.

Quite apart from the fact that the whole hypothesis is as yet unproven, all the evidence so far is to the effect that evaporated milks give rise to antibodies equally with whole milk and dried milk.

It is greatly to be deplored, therefore, that a company should use facts as uncertain as these in order to push sales of its products, and I sincerely hope your readers will be very much on their guard against accepting any such claim.—I am, etc.,

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J. LUDER.

Drug Treatment of Huntington's Chorea

SIR,—We were very interested in the results of Dr. Rae L. Lyon (May 12, p. 1308) obtained after treating patients suffering from Huntington's chorea with thiopropazate. However, as he points out, he did not measure directly the change in motor abilities, and his criteria of success were related to the patients' ability to perform domestic and personal tasks, which their condition had prevented them from doing.

In this connexion we have recently measured motor function in a 30-year-old woman with Huntington's chorea, before and after two weeks' treatment with trifluoperazine ("stelazine") 3 mg. t.d.s. Oliphant *et al.*¹ had shown that some degree of improvement might be expected with this treatment. Rather than use *ad hoc* tests we used four tests from the General Aptitude Test Battery published by the U.S. Employment Service. We could then get scores relating to performance in terms of (a) hand-eye co-ordination, (b) motor speed, (c) manual dexterity. The tests consisted of such tasks as filling as many rectangles as possible with three pencil dots in a given time, drawing a line across the bar of a printed letter H as many times as possible, and transferring a set of pegs from one peg-board to another with both hands as quickly as possible. We found that trifluoperazine led to no improvement in our patient's ability to perform these tasks.

While we consider that Dr. Lyon's results are impressive, we suggest that it is desirable to employ strictly objective criteria of success when assessing any benefits which might be due to therapy. We should like to point out that the tests we have used can be administered by a physician or psychologist in the patient's home, should this be considered desirable.—We are, etc.,

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J. T. SILVERSTONE.

REFERENCE

- ¹ Oliphant, J., Evans, J. I., and Forrest, A. D., *J. ment. Sci.*, 1960, **106**, 718.

Relief of Pain

SIR,—I was interested to read the letter from Mr. Malcolm Donaldson on "Relief of Pain" (June 2, p. 1555) following his visit to a clinic run by the Manchester Regional Hospital Board.

He will, I am sure, be interested to know that a Pain and Diagnostic Clinic has been in existence here in Plymouth since 1947. I know that at the time of its inception there was a little scepticism as to its value and indeed necessity. With the passing of time it has become recognized as of value especially in the relief of the pain of incurable cancer patients.

My interest in this subject was first aroused by a visit to University College Hospital, in 1947 I think, where